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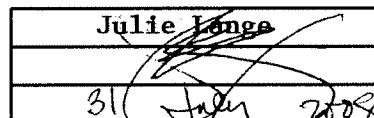
25235 7590 05/01/2008

HOGAN & HARTSON LLP
ONE Tabor CENTER, SUITE 1500
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Julie Lange	(Depositor's name)
	
(Signature)	
31 July 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,041	07/11/2003	Lee A. Burton	SRC027	4115

TITLE OF INVENTION: SWITCH/NETWORK ADAPTER PORT INCORPORATING SHARED MEMORY RESOURCES SELECTIVELY ACCESSIBLE BY A DIRECT EXECUTION LOGIC ELEMENT AND ONE OR MORE DENSE LOGIC DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/01/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SORRELL, ERON J	2182	709-250000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 William J. Kubida 2 Michael C. Martensen 3 Hogan & Hartson LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SRC Computers, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Colorado Springs, Colorado

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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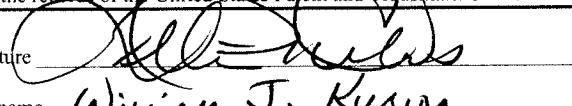
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-1123** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Typed or printed name **William J. Kubida**

Date **31 July 2008**

Registration No. **29,664**

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